

REQUEST FOR PUBLIC RECORDS INFORMATION

Requestor's Name _____

Company Name _____

Address, City, State, Zip _____

Today's Date _____ Phone _____

Incident Date _____

Incident Address _____

List Person(s)/Company Involved _____

In order to process your request in a timely manner, please review the following information:

- Please be sure to complete all information.
- Our attorney must review any request requiring a written response or signature, which will cause a delay in the process.

Please submit this form to:

Addison Fire Department
Attention: Custodian of Records
4798 Airport Parkway
Addison, TX 75001

You will be contacted regarding the cost of the records. You may review the *Copy Charge Schedule* as set by The Town of Addison.

Fire Department Use Only

The following information was provided: _____

Information Compiled By: Monica Hernandez, Custodian of Records

Date: _____